

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 18 2012

through

M M M / D D D / Y Y Y Y Y Y
11 26 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith M. Graham

Signature of Treasurer

Meredith M. Graham

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 14 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 10 / 18 / 2012 To: M M / D D / Y Y Y Y Y Y 11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		56707.96
(b) Cash on Hand at Beginning of Reporting Period.....	56556.60	
(c) Total Receipts (from Line 19)	9292.00	84704.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65848.60	141412.93
7. Total Disbursements (from Line 31)	11223.26	86787.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54625.34	54625.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9292.00	84542.65
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	9292.00	84542.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9292.00	84542.65
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	162.32
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9292.00	84704.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9292.00	84704.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	223.26	22737.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	223.26	22737.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	64000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11223.26	86787.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11223.26	86787.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9292.00	84542.65
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9292.00	84492.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	223.26	22737.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	162.32
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	223.26	22575.27

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 82

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Shaanti Abbruzzese

Mailing Address 2826 NE Brazee St.

City

Portland

State

OR

Zip Code

97212

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2012

Transaction ID : SA11AI.6800

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Kimberly Allard

Mailing Address 1240 SW Cheltenham St.

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2012

Transaction ID : SA11AI.6795

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Pamela Auman

Mailing Address 8424 Hall

City

Lenexa

State

KS

Zip Code

66219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Contemporary Women's Health

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2012

Transaction ID : SA11AI.6826

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6800

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6795

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6826

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cheryl A Bachman

Mailing Address 379 Pleasant Ridge Court

City
Saline

State
MI

Zip Code
48176

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Mercy Hospital

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

10 / 18 / 2012

Transaction ID : SA11AI.6802

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Tonia M. Badura

Mailing Address 2755 S 48th Street

City

Milwaukee

State

WI

Zip Code

53219-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

10 / 18 / 2012

Transaction ID : SA11AI.6820

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Royda Ballard

Mailing Address 78802 Palm Tree Ave.

City

Palm Desert

State

CA

Zip Code

92211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 15 / 2012

Transaction ID : SA11AI.6845

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6802

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6820

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6845

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Patricia N. Barnes

Mailing Address 74 NE Morgan St.

City

Portland

State

OR

Zip Code

97211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser NW & Salem Health

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2012			

Transaction ID : SA11AI.6846

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bonnie Bartz

Mailing Address 5906 Dietz Rd.

City

Alpena

State

MI

Zip Code

49707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alpena Regional Medical Center

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2012			

Transaction ID : SA11AI.6804

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Diana Beck

Mailing Address 84284 Derbyshire Ln.

City

Eugene

State

OR

Zip Code

97405

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2012			

Transaction ID : SA11AI.6789

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6846

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6804

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6789

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 82

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Georgia Begnaud

Mailing Address 640 S. Park Road

City

Benton Harbor

State

MI

Zip Code

49022

FEC ID number of contributing
federal political committee.

C

Name of Employer

InterCare Community Health Network

Occupation

CNM,1

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : SA11AI.6803

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Deborah G. Bopp

Mailing Address 2043 Monroe Road

City

Port Angeles

State

WA

Zip Code

98362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Olympic Medical Center

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2012

Transaction ID : SA11AI.6837

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Alexandra Bratschie

Mailing Address 1763B Eulcid St.

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2012

Transaction ID : SA11AI.6830

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

325.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6803

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6837

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6830

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Barbara Ann BrennanMailing Address 1 Marineview Plaza Apt. 12D
Hudson 4th street

City	State	Zip Code
Hoboken	NJ	07030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2012

Transaction ID : SA11AI.6835

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Jenna Breton

Mailing Address P.O. Box 537

City	State	Zip Code
Albion	CA	95410-0537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Full Bloom Midwifery

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : SA11AI.6853

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Linda Brouzes

Mailing Address 10443 Agate Rd.

City	State	Zip Code
Eagle Point	OR	97524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

La Clinica Del Valle

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2012

Transaction ID : SA11AI.6827

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6835

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6853

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6827

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rhonda Chick

Mailing Address 134 NW. 48th Avenue

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Women's Clinic

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : SA11AI.6858

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Lisa ChickadonzMailing Address 2705 E. Burnside
Ste 114

City

Portland

State

OR

Zip Code

97214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Maternal Care Clinic

Occupation

Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : SA11AI.6809

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Connie Coker

Mailing Address 150 S. Broadway

City

Nyack

State

NY

Zip Code

10960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integral Women's Wellness

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2012			

Transaction ID : SA11AI.6811

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6858

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6809

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6811

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 82
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kristin Conrad

Mailing Address 3285 Nikkel Lane

City State Zip Code
 Blacksburg VA 24060

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carilion Clinic OBGYN

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2012

Transaction ID : SA11AI.6807

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Cecilia Cordova

Mailing Address 6215 Ravenna Ave. NE

City State Zip Code
 Seattle WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-employed

Occupation
 Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 12 / 2012

Transaction ID : SA11AI.6833

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Laura Denman

Mailing Address 15206 24th ave sw

City State Zip Code
 Burien WA 98166

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Valley Medical Center

Occupation
 Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012

Transaction ID : SA11AI.6842

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6807

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6833

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6842

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Marilyn Derksen

Mailing Address 511 28th Ave.

City	State	Zip Code
Seattle	WA	98122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seattle University

Occupation

CNM/Midwifery Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2012

Transaction ID : SA11AI.6841

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Nancy Donaldson

Mailing Address 9200 N. Tennyson Dr.

City	State	Zip Code
Bayside	WI	53217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2012

Transaction ID : SA11AI.6817

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Margaret A. Egeland

Mailing Address 1735 Rio Vista Way S

City	State	Zip Code
Salem	OR	97302

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2012

Transaction ID : SA11AI.6801

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6841

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6817

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6801

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cathy Emeis

Mailing Address 10482 SW Cottonwood St.

City State Zip Code
Tualatin OR 97062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Health and Science University

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 18 2012

Transaction ID : SA11AI.6793

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Barbara O'Malley Flyod

Mailing Address 4339 SE Salmon St.

City State Zip Code
Portland OR 97215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Concordia University

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 18 2012

Transaction ID : SA11AI.6794

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Deborah Garber

Mailing Address 1056 Main St S
Apt 1

City State Zip Code
Woodbury CT 06798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naugatuck Valley Women's Heal

Occupation
Midwife,1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 31 2012

Transaction ID : SA11AI.6812

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

215.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6793

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6794

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6812

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Michelle Grandy

Mailing Address 4026 224th St SE
#7

City Bothell State WA Zip Code 98021-8076

FEC ID number of contributing federal political committee.

C

Name of Employer
UW Medicine/Northwest Hospital

Occupation
CNM, ACNM BOD Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

11 / 12 / 2012

Transaction ID : SA11AI.6832

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jami Hain

Mailing Address 13315 Ravens Caw Dr.

City Cypress State TX Zip Code 77429

FEC ID number of contributing federal political committee.

C

Name of Employer
Rite of Passage

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.6825

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Lisa C Hanson

Mailing Address 1026 Lakeland Rd

City Grafton State WI Zip Code 53024

FEC ID number of contributing federal political committee.

C

Name of Employer
Marquette University

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

10 / 18 / 2012

Transaction ID : SA11AI.6818

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6832

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Form/Schedule: SA11AI
Transaction ID: SA11AI.6825

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6818

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 82
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathryn S. Harrod

Mailing Address W1815 Country Road B.

City State Zip Code
Genoa City WI 53128-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.6844

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Hill-Karbowski

Mailing Address 15417 W. National Avenue

City State Zip Code
New Berlin WI 53151-5156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wheaton Franciscan Healthcare

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.6816

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Rebekah Kaplan

Mailing Address 203 Hillcrest Road

City State Zip Code
Berkeley CA 94705

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSF

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : SA11AI.6808

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6844

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6816

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6808

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Karanaugh

Mailing Address 3014 SE. Woodward St.

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.6854

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Stephanie Kleven

Mailing Address 1818 Spruce St Apt. 1F

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital of the Univ of Penn

Occupation

RN - Labor and Delivery

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.6823

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Sandra Krier

Mailing Address 46532 C 38

City

Remsen

State

IA

Zip Code

51050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

60.00

Date of Receipt

10 / 18 / 2012

Transaction ID : SA11AI.6815

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6854

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6823

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6815

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathy Kuskie

Mailing Address 1025 SE. 36th Avenue

City

Hillsboro

State

OR

Zip Code

97123

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.6855

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lesley Rae Larsen

Mailing Address 195 Northern Avenue

City

Newport

State

VT

Zip Code

05855

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Country Ob Gyn

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2012

Transaction ID : SA11AI.6850

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Katie Lavery

Mailing Address 4521 Sid Drive

City

Jackson

State

MI

Zip Code

49201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Everyday Blessings

Occupation

Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SA11AI.6843

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6855

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6850

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6843

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Anna Lederman

Mailing Address 839 W. End Ave.
3F

City State Zip Code
New York NY 10025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia University

Occupation

Student Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2012

Transaction ID : SA11AI.6829

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dorothy Lee

Mailing Address 801 17th St. NE

City State Zip Code
Washington DC 20002-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Health & Birth Center

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.6813

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mary Liedel

Mailing Address 14626 Uplands Dr.

City State Zip Code
Lake Oswego OR 97034

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.6798

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6829

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6813

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6798

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Janet M. Little

Mailing Address 2319 Willow Pass Dr.

City
Kingwood

State
TX

Zip Code
77339-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reunion Women's Health & Birth

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.6814

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Melissa A. Lonergan

Mailing Address 45 Sunset Beach Rd.

City
Branford

State
CT

Zip Code
06405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fair Haven Community Health Center

Occupation

Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2012

Transaction ID : SA11AI.6851

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Lauren Mackenzie

Mailing Address 4819 SE. Kelly St.

City
Portland

State
OR

Zip Code
97206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Healthcare Associates

Occupation

Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.6857

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6814

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6851

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6857

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kimla McDonald

Mailing Address 427 Whittier St. NW

City
Washington

State Zip Code
DC 20012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Faculty Associates, GWU

Occupation
Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 13 / 2012

Transaction ID : SA11AI.6834

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jeanne Meurer

Mailing Address 3393 McKelvey Road

City
Bridgeton

State Zip Code
MO 63044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

11 / 12 / 2012

Transaction ID : SA11AI.6831

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Janeli Niemann-Ross

Mailing Address 1804 SE 33rd

City
Portland

State Zip Code
OR 97214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Midwifery Service

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.6860

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6834

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6831

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6860

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Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Ellie Orbeton

Mailing Address P. O. Box 64

City

Litchfield

State

CA

Zip Code

96117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

CNM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.6805

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Oregon Affiliate of ACNM

Mailing Address 1735 Rio Vista Way S

City

Salem

State

OR

Zip Code

97302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.6790

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Oregon Affiliate of ACNM

Mailing Address 1735 Rio Vista Way S

City

Salem

State

OR

Zip Code

97302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SA11AI.6806

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6805

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6790

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6806

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Sachiko Oshio

Mailing Address 11460 109th Ave NE

City	State	Zip Code
Kirkland	WA	98033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Women's Health at Evergreen

Occupation

Nurse Midwife,1

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2012

Transaction ID : SA11AI.6838

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Catherine F. Pelosi

Mailing Address 7635 SW 82nd Ave

City	State	Zip Code
Portland	OR	97223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Healthcare

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : SA11AI.6792

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Holly PranaatMailing Address 2215 SE Miller St.
Apt. 39

City	State	Zip Code
Portland	OR	97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2012

Transaction ID : SA11AI.6796

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6838

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6792

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6796

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Diane M. Presnick

Mailing Address 177 Romulus Rd.

City

Cheshire

State

CT

Zip Code

06410-0420

FEC ID number of contributing
federal political committee.

C

Name of Employer

GNHOB/GYN

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	1	2

Transaction ID : SA11AI.6852

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michelle Prosser

Mailing Address 7308 Flower Ave.

City

Takoma Park

State

MD

Zip Code

20912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Save the Children

Occupation

Maternal & Reproductive Health Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	1	2

Transaction ID : SA11AI.6836

Amount of Each Receipt this Period

202.00

Full Name (Last, First, Middle Initial)

C. Margaret Rader

Mailing Address P.O. Box 82205

City

Fairbanks

State

AK

Zip Code

99708-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chief Andrew Issac HC

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	2

Transaction ID : SA11AI.6866

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

352.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6852

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6836

|

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Carolyn RayburnMailing Address 282 Willow Street
2nd FloorCity State Zip Code
New Haven CT 06511FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2012**Transaction ID : SA11AI.6828**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Christine Barlow Reed

Mailing Address 4012 SE 29th Ave

City State Zip Code
Portland OR 97202FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Healthcare Associates

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2012**Transaction ID : SA11AI.6799**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Nancy Renn-Bugai

Mailing Address 3450 Eastridge CT.

City State Zip Code
Grand Rapids MI 49525FEC ID number of contributing
federal political committee.

C

Name of Employer

Cherry Street Health Services

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2012**Transaction ID : SA11AI.6839**

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6828

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6799

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6839

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Helene Rippey

Mailing Address 1612 SW Upland Dr.

City State Zip Code
 Portland OR 97221

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Providence St Vincent Hosp.

Occupation
 RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 02 / 2012

Transaction ID : SA11AI.6856

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Robinson

Mailing Address 48 NE Thompson St.

City State Zip Code
 Portland OR 97212

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Legacy Health System

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2012

Transaction ID : SA11AI.6797

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Adele D. Silhavy

Mailing Address 357 Grant Hill Rd.

City State Zip Code
 Tolland CT 06084-3830

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Francis Medical Group

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 03 / 2012

Transaction ID : SA11AI.6847

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6856

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6797

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6847

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Amanda N. Skinner

Mailing Address 14 Sulgrave Rd.

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale New Haven Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

11 / 10 / 2012

Transaction ID : SA11AI.6848

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Anna Spann

Mailing Address 2915 NE 68th Ave

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU

Occupation

CNM RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

10 / 18 / 2012

Transaction ID : SA11AI.6791

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Patti Spooner

Mailing Address 7030 SE. Clinton

City

Portland

State

OR

Zip Code

97206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Maternal Care Clinic

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

11 / 02 / 2012

Transaction ID : SA11AI.6859

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6848

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6791

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6859

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth B. Stevens

Mailing Address 256 Bay St.

City

Springfield

State

MA

Zip Code

01109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Prenatal Co

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2012

Transaction ID : SA11AI.6849

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Nancy H. Sullivan

Mailing Address 1534 NE. 26th Avenue
Apt.6

City

Portland

State

OR

Zip Code

97232-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.6861

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Jacquelynn Tillet

Mailing Address 2019 N. Hi-Mount Blvd.

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.6821

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6849

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6861

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6821

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jacqueline Tornoe

Mailing Address 18644 Farmstead Circle

City

Eden Prairie

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2012

Transaction ID : SA11AI.6810

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Margaret A. Wehrle

Mailing Address 604 Thomas St., NW

City

Olympia

State

WA

Zip Code

98502

FEC ID number of contributing
federal political committee.

C

Name of Employer

WA state DSHS

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2012

Transaction ID : SA11AI.6840

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Wisconsin of ACNM

Mailing Address 3112 Egge Rd.

City

Sun Prairie

State

WI

Zip Code

53590

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACNM

Occupation

Affiliate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.6822

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

730.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6810

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6840

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6822

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Emma Lois Yoder

Mailing Address 5506 S Riverton Rd.

City

Partridge

State

KS

Zip Code

67566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Birth & Women's Health Center

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11AI.6824

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Deborah A. Zelhofer

Mailing Address 3980 Prairie Ct.

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affinity

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11AI.6819

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

9292.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6824

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6819

|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2012
Transaction ID : SB21B.6738

Amount of Each Disbursement this Period

163.31

Full Name (Last, First, Middle Initial)

B. Paypal INC

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Paypal Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2012
Transaction ID : SB21B.6739

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

223.26

TOTAL This Period (last page this line number only)..... ►

223.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. CATHY MCMORRIS RODGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2012

Mailing Address BOX 137

City	State	Zip Code
SPOKANE	WA	99210

Transaction ID : SB23.6730Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District: 05

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2012

Mailing Address PO BOX 29103

City	State	Zip Code
GREENSBORO	NC	27429

Transaction ID : SB23.6720Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 00

Full Name (Last, First, Middle Initial)

C. HATCH ELECTION COMMITTEE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2012

Mailing Address PO BOX 900427

City	State	Zip Code
SANDY	UT	84090

Transaction ID : SB23.6724Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: UT District: 00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. JEFF MERKLEY FOR OREGON

Mailing Address 2236 SE 10TH AVE

City	State	Zip Code
PORTLAND	OR	97214

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OR	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : SB23.6734

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LISA MURKOWSKI FOR US SENATE

Mailing Address PO BOX 100847

City	State	Zip Code
ANCHORAGE	AK	99510

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AK	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2012

Transaction ID : SB23.6736

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City	State	Zip Code
SACRAMENTO	CA	95841

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Transaction ID : SB23.6728

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. RICHARD BURR COMMITTEE; THE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Mailing Address POST OFFICE BOX 5928

City	State	Zip Code
WINSTON-SALEM	NC	27113

Transaction ID : SB23.6722Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. SUE MYRICK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Mailing Address P.O. BOX 37091

City	State	Zip Code
CHARLOTTE	NC	28237

Transaction ID : SB23.6726Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NC	District: 09

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2012

Mailing Address 232 NE 9TH AVENUE

City	State	Zip Code
PORTLAND	OR	97232

Transaction ID : SB23.6732Purpose of Disbursement
Campaign Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OR	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

11000.00
